South Dakota Board of Hearing Aid Dispensers and Audiologists
135 East Illinois, Suite 214
Spearfish, SD 57783
(605) 642-1600

RELEASE AND WAIVER FOR
VERIFICATION OF AUDIOLOGY LICENSURE IN OTHER STATE

Part I
Directions for Applicant:

Complete Part I and Part II of this form and forward a form to each state where you hold or have held a license to practice Audiology.

TO:_____
Name of State Board

Address Of State Board:_____
Mailing

_____
City State Zip Telephone #

I am applying for a license in South Dakota to practice audiology. I was granted license #_____by the State of_____.

The South Dakota Board of Hearing Aid Dispensers and Audiologists request that I submit verification that my license in the State of_____is or was at time of licensure in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Hearing Aid Dispensers and Audiologists. Your early attention is appreciated. I declare and affirm under the penalties of perjury that this appliciation has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature:_____

Print Name:_____

Date:_____

(OVER)

SOUTH DAKOTA
BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS
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VERIFICATION OF AUDIOLOGY LICENSURE IN OTHER STATE

Part II

To the Applicant: *Complete the top portion and back of this form and forward to the Licensing Authority/Regulatory Board in each state in which you were licensed or are currently licensed.*

Full Name_____
(Last Name) (First Name) (Middle) (Maiden)

Mailing Address_____
(Street or P.O. Box) (City) (State) (Zip)

License/Certificate No.:_____Date Issued:_____Date Exp:_____

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Part III

CERTIFICATE OF AUTHORIZED BOARD REPRESENTATIVE OF STATE BOARD ISSUING LICENSE

To the Licensing authority/ regulator Board: Please provide the information requested below and return directly to the Board address indicated at top of page.

I, an Authorized Board Representative of_____hereby certify that the above
(State)
named applicant is/was licensed and is/was in good standing was granted State Certificate/License

Number_____ to practice audiology on_____,_____,
(Date of initial licensure)

on the basis of:

_____Exemption _____Written Examination _____Reciprocity
_____Endorsement _____Oral Examination _____Other
_____ASHA Certification _____Education

This license expired/will expire_____,_____.

PLEASE SEND A COPY OF ALL TEST SCORES.

Any complaints and/or disciplinary actions? ☐ Yes ☐ No

Explanation of above if answer is yes:_____

_____

_____

Authorized Board Representative

_____
(Signature)

(Seal)

_____
(Please print name)

_____
(Date)

(Over)